

17236 U.S. PTO  
021904

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	493-41-3
First Inventor	Robert M. Best
Title	Linked Game Systems with Stereoscopic Display
Express Mail Label No.	

<p><b>APPLICATION ELEMENTS</b></p> <p>See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>37</u> ] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>13</u> ]</p> <p>5. Oath or Declaration [Total Sheets <u>2</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p><b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>
---	---

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 09/928,294 / 09/853,487  
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number 000996 OR ☐ Correspondence address below

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type)	Jeffrey T. Haley	Registration No. (Attorney/Agent)	34,834
Signature	<i>Jeffrey T. Haley</i>	Date	February 19, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

17858 U.S. PTO  
10/782043  
021904

FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	
Effective 10/01/2003. Patent fees are subject to annual revision.		Filing Date	February 19, 2004
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Robert M. Best
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$)		581	Attorney Docket No. 493-41-3

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 07-1897 Deposit Account Name: Graybeal Jackson Haley		<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><th>Fee Code</th><th>Fee Code</th></tr></thead><tbody><tr><td>1051</td><td>2051</td></tr><tr><td>1052</td><td>2052</td></tr><tr><td>1053</td><td>1053</td></tr><tr><td>1812</td><td>1812</td></tr><tr><td>1804</td><td>1804</td></tr><tr><td>1805</td><td>1805</td></tr><tr><td>1251</td><td>2251</td></tr><tr><td>1252</td><td>2252</td></tr><tr><td>1253</td><td>2253</td></tr><tr><td>1254</td><td>2254</td></tr><tr><td>1255</td><td>2255</td></tr><tr><td>1401</td><td>2401</td></tr><tr><td>1402</td><td>2402</td></tr><tr><td>1403</td><td>2403</td></tr><tr><td>1451</td><td>1451</td></tr><tr><td>1452</td><td>2452</td></tr><tr><td>1453</td><td>2453</td></tr><tr><td>1501</td><td>2501</td></tr><tr><td>1502</td><td>2502</td></tr><tr><td>1503</td><td>2503</td></tr><tr><td>1460</td><td>1460</td></tr><tr><td>1807</td><td>1807</td></tr><tr><td>1806</td><td>1806</td></tr><tr><td>8021</td><td>8021</td></tr><tr><td>1809</td><td>2809</td></tr><tr><td>1810</td><td>2810</td></tr><tr><td>1801</td><td>2801</td></tr><tr><td>1802</td><td>1802</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee Code	1051	2051	1052	2052	1053	1053	1812	1812	1804	1804	1805	1805	1251	2251	1252	2252	1253	2253	1254	2254	1255	2255	1401	2401	1402	2402	1403	2403	1451	1451	1452	2452	1453	2453	1501	2501	1502	2502	1503	2503	1460	1460	1807	1807	1806	1806	8021	8021	1809	2809	1810	2810	1801	2801	1802	1802
Large Entity	Small Entity																																																														
Fee Code	Fee Code																																																														
1051	2051																																																														
1052	2052																																																														
1053	1053																																																														
1812	1812																																																														
1804	1804																																																														
1805	1805																																																														
1251	2251																																																														
1252	2252																																																														
1253	2253																																																														
1254	2254																																																														
1255	2255																																																														
1401	2401																																																														
1402	2402																																																														
1403	2403																																																														
1451	1451																																																														
1452	2452																																																														
1453	2453																																																														
1501	2501																																																														
1502	2502																																																														
1503	2503																																																														
1460	1460																																																														
1807	1807																																																														
1806	1806																																																														
8021	8021																																																														
1809	2809																																																														
1810	2810																																																														
1801	2801																																																														
1802	1802																																																														
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Description																																																													
<b>FEE CALCULATION</b>		Fee Paid																																																													
<b>1. BASIC FILING FEE</b>																																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><th>Fee Code</th><th>Fee Code</th></tr></thead><tbody><tr><td>1001</td><td>2001</td></tr><tr><td>1002</td><td>2002</td></tr><tr><td>1003</td><td>2003</td></tr><tr><td>1004</td><td>2004</td></tr><tr><td>1005</td><td>2005</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee Code	1001	2001	1002	2002	1003	2003	1004	2004	1005	2005																																																
Large Entity	Small Entity																																																														
Fee Code	Fee Code																																																														
1001	2001																																																														
1002	2002																																																														
1003	2003																																																														
1004	2004																																																														
1005	2005																																																														
SUBTOTAL (1) (\$)		385																																																													
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																																																															
Total Claims 37 -20 ** = 17 X 9 = 153																																																															
Independent Claims 4 -3 ** = 1 X 43 = 43																																																															
Multiple Dependent X = 0																																																															
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><th>Fee Code</th><th>Fee Code</th></tr></thead><tbody><tr><td>1202</td><td>2202</td></tr><tr><td>1201</td><td>2201</td></tr><tr><td>1203</td><td>2203</td></tr><tr><td>1204</td><td>2204</td></tr><tr><td>1205</td><td>2205</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee Code	1202	2202	1201	2201	1203	2203	1204	2204	1205	2205																																																
Large Entity	Small Entity																																																														
Fee Code	Fee Code																																																														
1202	2202																																																														
1201	2201																																																														
1203	2203																																																														
1204	2204																																																														
1205	2205																																																														
SUBTOTAL (2) (\$)		196																																																													
**or number previously paid, if greater; For Reissues, see above																																																															
		Other fee (specify) _____																																																													
		*Reduced by Basic Filing Fee Paid																																																													
		SUBTOTAL (3) (\$)																																																													
		0																																																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jeffrey T. Haley	Registration No. (Attorney/Agent)	34,834
Signature		Telephone	(425) 455-5575
		Date	February 19, 2004

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

UTILITY PATENT APPLICATION - CERTIFICATE OF MAILING

Inventor: Robert M. Best

Title of Invention: LINKED GAME SYSTEMS WITH STEREOSCOPIC  
DISPLAY

Attorney Dkt. No.: 493-41-3

CERTIFICATE OF MAILING OR TRANSMISSION

"Express Mail" mailing label number: ER 394245731 US

Date of Deposit: February 19, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR, Section 1.10 on the date indicated above and is addressed to Mail Stop New Application, Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 by

  
Signature

Enclosures:

Utility Patent Application Transmittal  
Utility Application (37 pages)  
Formal Drawings (13 pages)  
Declaration and Power of Attorney  
Nonpublication Request  
Fee Transmittal  
Check No. 21752 for \$581.00 filing fee  
Return postcard

**NONPUBLICATION REQUEST  
UNDER  
35 U.S.C. 122(b)(2)(B)(i)**

First Named Inventor

Robert M. Best

Title

Linked Game Systems With Stereoscopic Display

Atty Docket Number

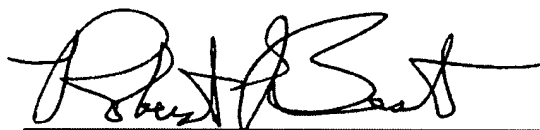
493-41-3

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122(b).

2-13-2004

Date



Signature

Robert M. Best

Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**